FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
NAME OF COMMITTEE (in a	(Check if name Example: If typying, type over the lines	12FE4M5
Adam Smith fo	or Congress Committee	
ADDRESS (number and s	PO Box 23626	
(Check if address		
is changed)	Federal Way	WA 98093 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	phil@seattlecfo.com	
is changed)		
(Check if address is changed) 2. DATE M 0.4		
3. FEC IDENTIFICATION NUMBER C C00304709		
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)		
Type or Print Name of Signature of Treasurer	Electronically Filed by Philip Lloyd	Date 04 / DD 7 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	